



DEPARTMENT OF THE NAVY
CHIEF OF NAVAL EDUCATION AND TRAINING
NAVAL AIR STATION
PENSACOLA, FLORIDA 32508-5100

CH-1 of 7 May 97

CNETINST 1720.2
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CNET INSTRUCTION 1720.2

Subj: SUICIDE PREVENTION

Ref: (a) MILPERSMAN 4210100 (Personnel Casualty Reports)
(b) NAVMEDCOMINST 6520.1A (Evaluation and Disposition of Patients
Presenting with Suicidal Ideation or Behavior)
(c) OPNAVINST 3100.6F
(d) JAGINST 5800.7C (Manual of the Judge Advocate General)

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Encl: (1) Program Recommendations

1. Purpose. To establish policy and guidelines regarding suicide prevention initiatives throughout the Naval Education and Training Command (NAVEDTRACOM).

2. Background

a. Suicide is the Navy's third leading cause of death, after motor vehicle accidents (MVs) and heart disease. When Navy and Marine Corps mortality statistics are combined, death by suicide is second only to MVs. Each suicide is both a tragic waste of human life, and an event which brings with it a significant degradation in morale, unit cohesion, and mission readiness.

b. While statistics show that suicide rates within the military are slightly lower than national rates for civilians, such comparisons are misleading. Because military personnel are prescreened to exclude individuals with significant physical and mental health problems, and normally work under close supervision and observation, our suicide rates should be significantly lower.

c. Feelings of helplessness and worthlessness are among the leading causes of suicide. Other major causes include problems with relationships at home or at work, or a failure to cope with accumulated stress. Among sailors, alcohol is related to over 40 percent (and perhaps as high as 80 percent) of suicides.

d. Nearly 80 percent of those who attempt or commit suicide. give some warning or clues of their intentions, and most suicides are contemplated for weeks in advance. The bottom line is that some suicides can be prevented by involvement and action.

3. Definitions

a. Suicide is self-induced death, intentionally caused.

b. A suicide attempt is an intentional act, causing physical self-harm, where death would have occurred had there been no intervention.

c. A suicide gesture is an intentional act, causing or intending to cause physical self-harm in a way normally associated with suicide, but which would not have caused death, even without intervention.

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d. Suicide ideation is a statement or pattern of statements, words, or behaviors, which reveal a preoccupation with the idea of self-induced death.

4. Policy. Within the NAVEDTRACOM, commanders and commanding officers shall support aggressive and proactive suicide prevention programs that emphasize command concern, leadership training, value of life initiatives, and suicide awareness education. Staff officers, including chaplains and medical officers, are important resources, but suicide prevention initiatives should originate with the commanding officer and involve all levels of leadership within the chain of command. To ensure coordinated efforts, shared resources, and discussions of lessons learned, area suicide prevention meetings should be scheduled at least once each quarter as discussed below.

5. Coordination. NAVEDTRACOM commands shall designate one suicide prevention project officer, preferably a senior line officer (department head level where possible), to coordinate local efforts and resources. Where several NAVEDTRACOM commands are located in the same immediate general geographical area, the senior command will assume coordination responsibilities, and other commands will designate representatives to attend meetings and serve as points of contact for two-way information flow. (In areas where efforts are sponsored by local area coordinators, separate NAVEDTRACOM programs are not required.) In addition to command representatives, quarterly meetings should include members of chaplain, medical, and Family Service Center staffs.

6. Action. All commands shall:

a. support aggressive and proactive suicide prevention programs, clearly identified as command concerns;

b. adhere to policies outlined in references (a) through (d), and this instruction;

c. consider recommendations listed in enclosure (1) for implementation at the local level;

d. submit required reports discussed below, and additional recommendations to CNET through the chain of command which may improve NAVEDTRACOM training policies or suicide prevention initiatives.

7. Reports

CH-1 a. Report suicides, gestures, and attempts to Bureau of Naval Personnel (PERS 6) as required by reference (a). Include CNET (and functional commands as appropriate) as information addressees.

b. Use SITREP/OPREP-3 NAVY BLUE reporting procedures in accordance with reference (c), where circumstances warrant.

c. Evaluate investigation results conducted in accordance with reference (d), and share lessons learned through the chain of command, respecting appropriate rights of privacy.



J. S. DISHER

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PROGRAM RECOMMENDATIONS

1. Suicide Awareness and Stress Management

a. Suicide awareness means recognizing the problem and identifying high risk groups. Stress management means recognizing and dealing with danger signs in ourselves. Include both in training plans.

b. Initiate training in indoctrination and follow up in other sessions.

c. Be sensitive to "information overload." Indoctrination periods may not always be the most appropriate time for in-depth presentations, but they are good opportunities to alert personnel that the concern exists, and that communication channels are open.

d. Emphasize that seeking help is a sign of wisdom, not weakness. Begin early to convince personnel to seek help for themselves and for others.

e. Train the trainers and the counselors Target "helpers," including Navy Relief volunteers, ombudsmen, and Family Service Center (FSC) staff who assist with professional, financial, and personal problems.

f. Preview videotapes for appropriate use. (Consider using excerpts when the film as a whole may be inappropriate.) Include supervised screenings in General Military Training, with follow-up discussion.

g. Use realistic scenarios in training. For example, one investigation revealed that a sailor who took his life had asked two shipmates how they would commit suicide if they made that decision. Personnel should understand appropriate and inappropriate responses to such comments.

h. Coordinate suicide awareness and stress management training with the FSC where one exists.

i. Adapt and distribute Tab A. Add appropriate telephone numbers and points of contact on blank pages.

2. Value of Life Initiatives

a. Send the message that every life counts; that life is too precious to be wasted. Use the idea that "You are the Future. You are the Navy."

b. Use Core Values training and Personal Excellence Program initiatives to stress self-worth. Many suicides result from feelings of uselessness and worthlessness which Navy efforts can target.

c. Emphasize positive styles in leadership training. Self-esteem lectures cannot compensate for treatment which negates personal dignity. Maintain discipline, but send the message that we make tough demands because each individual can make such a difference.

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d. Use POD notes, commanding officer's columns, and "Captain's Calls" to stress the idea that each life "counts." Utilize all opportunities, including speeches, messages, and articles to put the word out that suicide prevention is a concern of the "Navy family" -- and a personal goal of the commanding officer.

e. Increase efforts prior to holidays, when feelings of loneliness are strongest. Consider special programs, including home hospitality initiatives, for those far from family.

f. Stress value of life themes in strong ongoing substance abuse programs and initiatives.

g. Involve chaplains in value of life initiatives, stressing the religious challenge to "choose life." Chaplains can help create a climate that supports human dignity and worth, in and out of chapel settings.

3. Leadership Training

a. Stress the responsibility of leadership. Leaders should correct errors, but also look for deeper problems. Leaders should understand danger signs and high risk groups.

b. Keep communication channels open, up and down the chain of command. Communicate the message that we "care for our own" -- and about our own.

c. Institute "buddy system" programs, where possible, to help shipmates help each other.

d. Train leaders to build up self-worth: "praise in public and reprimand in private."

e. Link stress awareness to leadership training. Some commands report officer reluctance to attend workshops on their own, because of perceived implications that personal problems exist.

4. Follow-up Support

a. Track individual progress after gestures and attempts, and require follow-up counseling.

b. Use quarterly meetings to include discussions of lessons learned. Include periodic briefs and progress reports in staff and department head meetings.

c. Consider in-house support groups, where possible. Use civilian support, where available.

d. Remain sensitive to "reentry" problems when personnel return to barracks or workspaces following suicide evaluations.

e. Ensure substance abuse follow-up and support, especially where alcoholism is a contributing factor.

5. Documentation

a. Use NAVMILPERSCOM reporting policies as "minimum" requirements. Include as much amplifying data as possible on contributing factors. Share lessons learned or scenarios for discussion with CNET through the chain of command.

b. Screen documents/records of reporting personnel to identify high risks. Establish contact proactively.

6. Standard Operating Procedures (SOP)

a. Promulgate SOP for handling suicide situations (gestures/attempts/ideations), including procedures for after hours emergencies. Require post-suicide incident command awareness and reinforcement efforts in follow-up procedures.

b. Use checklists for phone contacts, similar to those used for bomb alerts. Phone answerers should understand what information should be solicited, to include:

(1) Name, location, and phone number of caller. (If caller is reporting his/her own actions, note impressions regarding coherence, emotional state, etc.).

(2) Name and description (sex, approximate age, etc.) of victim, if other than caller.

(3) Description of incident, including medical situation, help currently available (if any), and help required.

c. Give OODs clear guidelines for handling telephone calls and referring situations for action, once information is received. (For example, dependents and retirees should normally be taken to civilian hospitals if military hospital lacks authority to require admission.)

d. Above all, handle gestures and attempts as medical emergencies. Take personnel to emergency rooms for medical evaluation.

SUPERVISOR'S ROLE IN SUICIDE PREVENTION

- Affirm Life: Stress the importance of each individual. Good leadership reminds our people of the importance of the mission, and their contribution toward its success. Praise in public; reprimand when necessary in private. Teach good leadership at all levels: leadership which affirms self-worth and combats feelings of worthlessness and despair.
- Know Your Personnel. Keep alert to changes in attitudes, behaviors, and performance. Encourage all personnel to watch out for their shipmates, and share concerns. Where appropriate, use the "buddy system" to ensure no one feels alone.
- Be Proactive. Follow policy guidelines set forth in CNET 031853Z Mar 89, CNATRAININST 1700.1, CNTECHTRAININST 1700.3, and others. Ensure programs are proactive and suicide prevention efforts are shared efforts, involving all command resources.
- Stay educated. Know the warning signs and risk factors. Understand stress management.
- Take action. If a sailor attempts or threatens suicide, take the situation seriously. Follow emergency procedures: do not leave the individual alone; bring the individual to the hospital as a medical emergency; ensure that professional help is made available. Then follow up in the days and weeks ahead: watch out for your shipmate, and ensure that others do the same.

Prepared by
Chief of Naval Education
and
Training

CNET
SUPERVISOR'S GUIDE
TO
SUICIDE PREVENTION



AFFIRMING LIFE

By affirming the importance of life, we denounce suicide in all its forms:

- the violent suicide of self-murder
- the slow suicide of drugs
- the careless suicide of death on the highway

SUICIDE FACTS

Do you know that...

- Suicide is on the rise world-wide
- The primary causes of suicide are:
 - A feeling of worthlessness, or despair
 - Problems with relationships (Marriage, family, friendships)
 - Difficulties on-the-job

- Most (almost 80%) suicide victims give some advance warning of their plans

- Among sailors, alcohol is related to over 40% of completed suicides

- Many suicides can be prevented by involvement and action

SUICIDE WARNING SIGNS

- Verbal statement of wish to die or direct threat of self harm.
- An unusual interest in or talk about the subject of death - reflected in speech, art, letters, etc.
- Talk about feeling worthless.
- Decline in job performance and/or personal appearance.
- Changes in sleep patterns and/or appetite.
- Drug or alcohol abuse.
- Unusual withdrawal, isolation, aggression, disinterest, moodiness, or crying spells.
- Making final arrangements, giving away favorite possessions, writing a will.
- Being accident prone.
- Depression over recent death of friend or relative.

SUICIDE RISK FACTORS

The suicide risk is higher in a person who:

- Has problems with family, relationships, job, Navy, finances.
- Has made previous suicide attempts.
- Has a family history of suicide.
- Has experienced a recent suicide of a friend or relative.
- Threatens suicide.
- Has possession of a weapon.
- Has specific, well-thought out plan.